

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Margaret Arbaugh 104
Town Carroll
County MARYLAND
CERTIFICATE OF DEATH

Died at Gambles	Town Gambles	County Carroll	MARYLAND		
Date of death 1906	Month Dec	Day 5-	Years 81-	Months 11	Days 5
Sex Female	Color or Race White	Birth- place Md	Where Residing if not at place of death Gambles Md		
Occupation	Geo Arbaugh				
Never, Once or Widowed	Name of Wife or Husband	Father's Name	Geo Arbaugh	2nd	
Mother's Maiden Name	Chas J. Furtz		Father's Birthplace		
Name of person giving Information	Catharine Tawney		Mother's Birthplace	"	
	Albert Gambles		How related to deceased	Nephew	

CAUSES OF DEATH

Primary Senility	154	How long
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

S. N. Goracke MD
Gambles
Md

Accident or Suicide?



Peter J. Babylon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					
Mother's Maiden Name					
Name of person giving Information					

Died at Mayberry Town Carroll County
 Date of death 1906 Month Dec Day 24 Years 70 Months 5 Days 15
 Sex Male Color or Race White Where Residing if not at place of death One
 Occupation Farmer Birth-place Maryland
 Married, Single or Widowed Widower Name of Wife or Husband Amandella E. Hellestide
 Father's Name Samuel Babylon Father's Birthplace Maryland
 Mother's Maiden Name Susan Slider Mother's Birthplace Maryland
 Name of person giving Information Boston Wm Babylon How related to deceased brother

CAUSES OF DEATH

Primary	<u>Arteriosclerosis</u> <u>106</u> How long	
Immediate	<u>Chronic diarrhea</u> <u>6 mos</u> How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address	
Accident or Suicide?		

Primary Arteriosclerosis 106 How long
 Immediate Chronic diarrhea 6 mos How long
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician
 Address Lebanon
Carrytown
 Accident or Suicide?

•
•
•
•
•

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race		Birthplace				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Franklin J. Bachman				
Father's Name	Joseph O. Jones		Father's Birthplace				
Mother's Maiden Name	Lorraine L. Lollar		Md				
Name of person giving Information	J. J. Bachman		Mother's Birthplace				

CAUSES OF DEATH

Primary

Albunemura

How long

2 days

Immediate

Wurina

How long

120

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. B. B. H.
Westminster
Md

Accident or Suicide?



Name
in
Full

Margaret Jane Baumgardner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Gaithersburg	Carroll			
Date of death	Month	Day	Age	Years	Months
1906	12	3	75	75	11
Sex	Color or Race	white	Birth-place	Carroll Co. Md.	
Female					
Occupation	Where Residing if not at place of death				
Retired					
Married, Single or Widowed	Name of Wife or Husband	Samuel Baumgardner.			
Married	Samuel Bowers	Adams Co. Pa			
Father's Name	Catherine Roudreton				
Mother's Maiden Name	Adams Co. Pa				
Name of person giving information	Brother				
Benjamin Bowers					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Chronic Bronchitis

10b

How long

one year -

Immediate

Exhaustion

How long

6 hours -

Are the name, age, sex, color, date and place correctly given above?

Yes

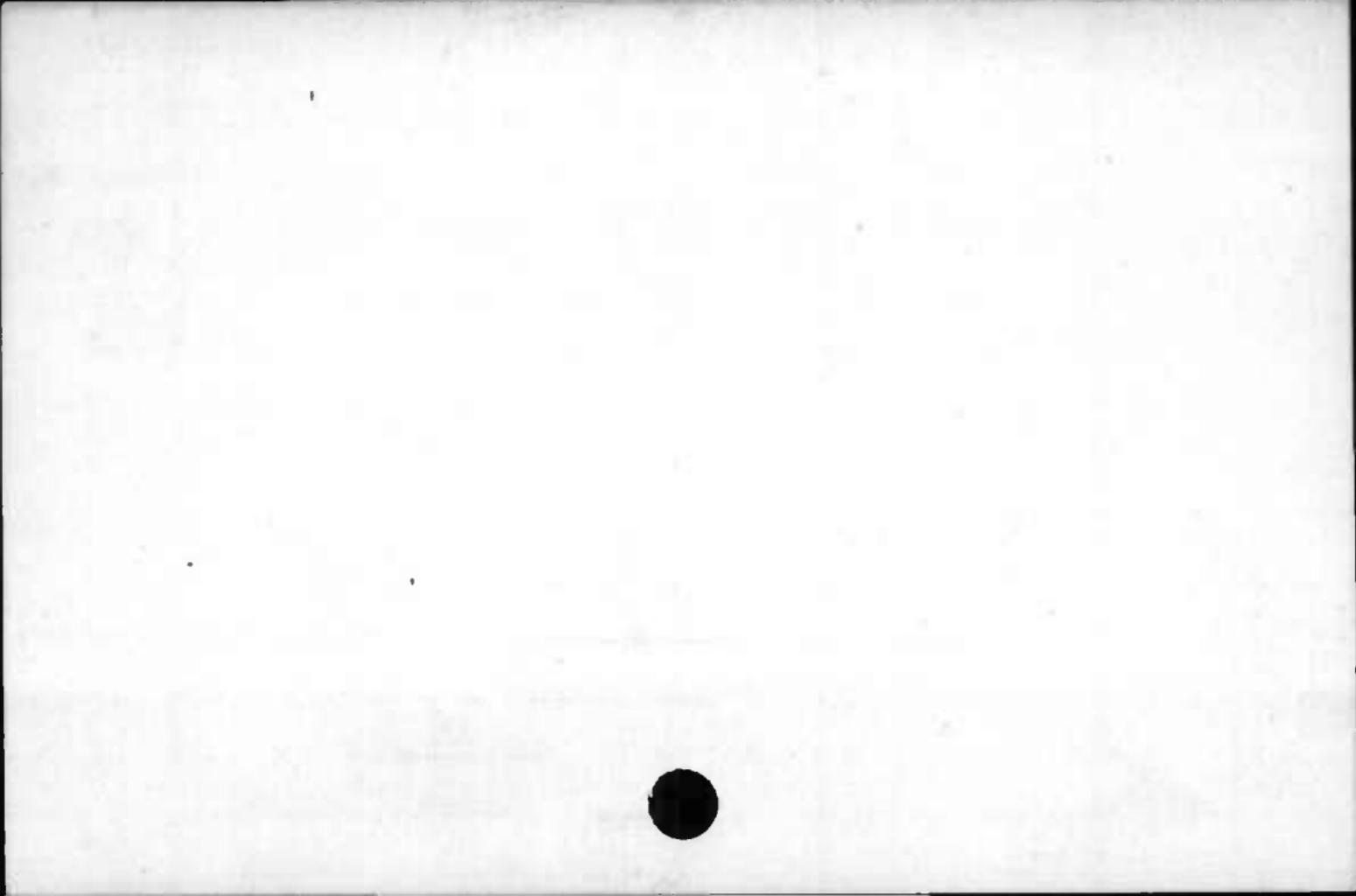
Signature of Physician

F. H. Seiss

Address

Gaithersburg, Md.

Accident or Suicide?



Laura Elisabeth Bollinger

Town	Alisia			County	Carroll			MARYLAND
Died at	Month	Day	Y.	M.	D.	Native of	Occupation	
Date 19	06	12 31	Age 37	7	26	Ind	Housewife	
	Male	White	Married	Widow	Divorced			
	Female	Colored	Single	Widower		Number of children living	1	

Husband of

Wife

Father's

Name

John Bollinger

Peter T. Shaeur

Mother's

Maiden Name

Fancy Harris

Cause of

Primary

Heart trouble + dropsy

How long sick

6 months

Death

Immediate

Gangrene + Heart Failure

Accident, Suicide, Homicide

Reported by

Dr. D.W. Rush.

Address

(over)

Buckleyville,
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's birth-place -
Carroll Co., Md.

Father's birth-place
Baltimore, Md.

Name
In
Full

Elizabeth Buckley

153

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	12	29	76		
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	Jacob Shriener				
Mother's Maiden Name	Mary. E Shriener				
Name of person giving information	(20)				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic bronchial nephritis

How long

6 months

Immediate

Coughing

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

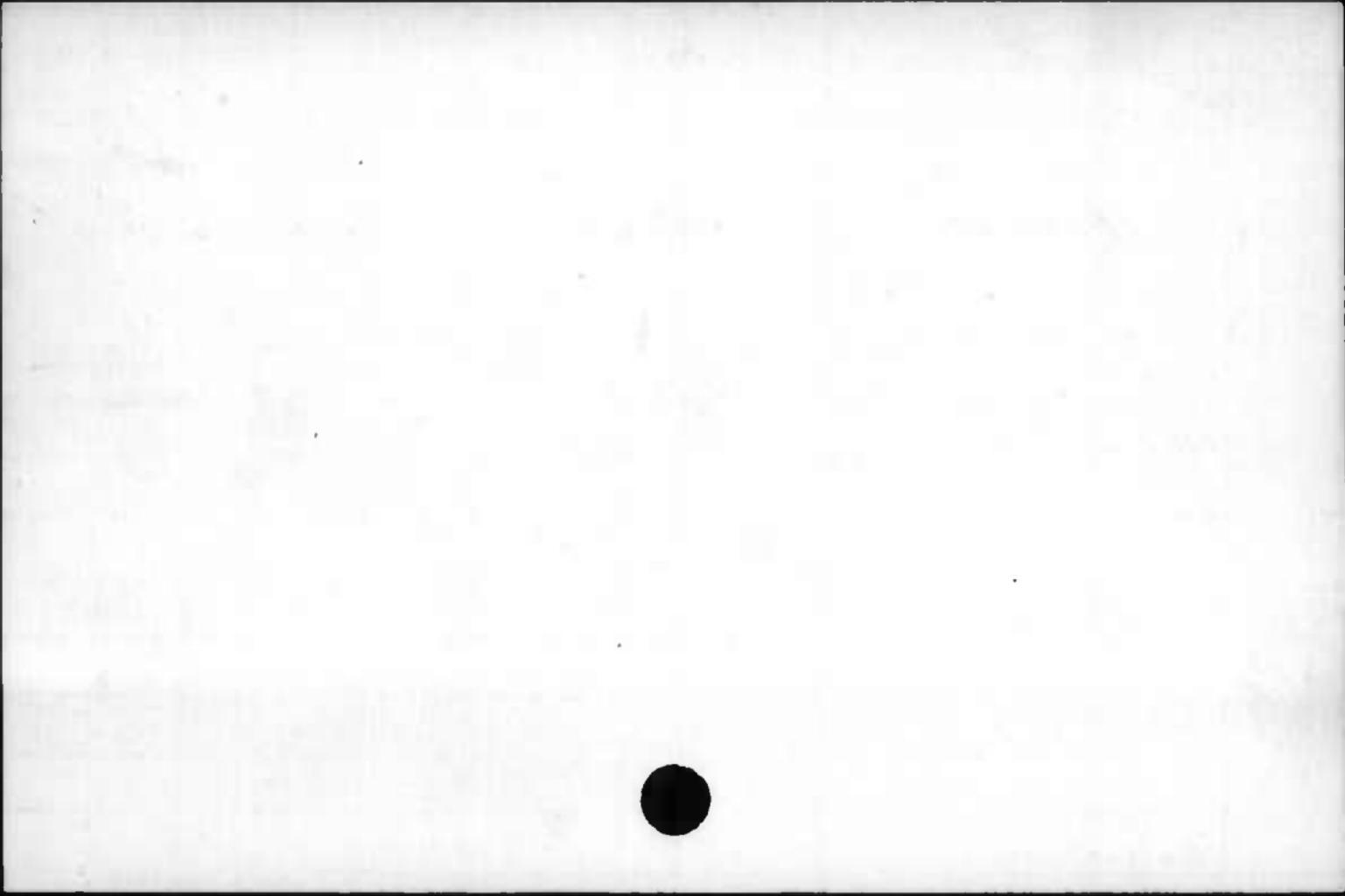
Address

D. E. Stoff

Union Bridge

Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Catharine G Crass

103

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Westminster</u>		County <u>Carroll</u>			
Date of death <u>1906 Dec 2</u>	Month	Day	Age <u>36</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>white</u>				Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George G Crass</u>				
Father's Name <u>Nicholas Lileag</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Elizabeth Tidell</u>			Mother's Birthplace <u>do</u>		
Name of person giving Information <u>Geo G Crass</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary

Pneumonia

03

How long

one week

Immediate

Lame

How long

Are the name, age, sex, color, date and place correctly given above?

No

Signature of Physician

Mr. Ball
Westminster Md

Address

Accident or Suicide?

Shanner
St Johns Cemetery

Name
in
Full

Lucinda Dorsey

Nov. 14

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Westminster		Carroll				
Date of death	Month	Day	Age	Years	Months	Days
1906	Dec	29	48		4	3
Sex	Female	Color or Race	Colored		Carroll Co Md	
Occupation	Housekeeper		Where Residing if not at place of death		Home	
Married, Single or Widowed	Married	Name of Wife or Husband	Andrew Dorsey		Carroll Co Md	
Father's Name	Henry	Goay			Carroll Co Md	
Mother's Maiden Name	Elizabeth Bolwell				" " "	
Name of person giving information	Andrew Dorsey (12)				Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer

Tumor

How long

6 mos

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

Chas. R. Fort
Westminster
Md.

Accident or Suicide?

Ellsworth Cemetery.

Stover.

151

Andrew Elberts

Died Mar Town Union Bridge County Carroll MARYLAND

1966 Month 12 Day 10 Y. 62 M. - D. - Native of Md Occupation Farmer
 Date 1966 Age 62 Widower Divorced
 Male White Married Widow
 Female Colored Single Widower Number of children living 4

Husband of Esseneth. Elbert
 Wife

Father's Name Mother's Name

Cause of Death Primary Cardiac disease 19 How long sick

Death Immediate Gropsey Accident, Suicide, Homicide

Reported by

Address Union Bridge, Md. (over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's name -
Jacob Ebbert
Birth-place - Littletown, Pa.

Mother's name -
Rebecca Monroe -
Birth-place - Littletown, Pa.

Name
in
Full

Agnes E Eble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Eble			
Father's Name	James King				Father's Birthplace
Mother's Maiden Name	?	Md.			
Name of person giving information	Jennie Weedon		Mother's Birthplace		
How related to deceased (Friend)			Md.		

CAUSES OF DEATH

Primary Organic Heart Disease ✓
 & exhaustion. How long about. 4 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

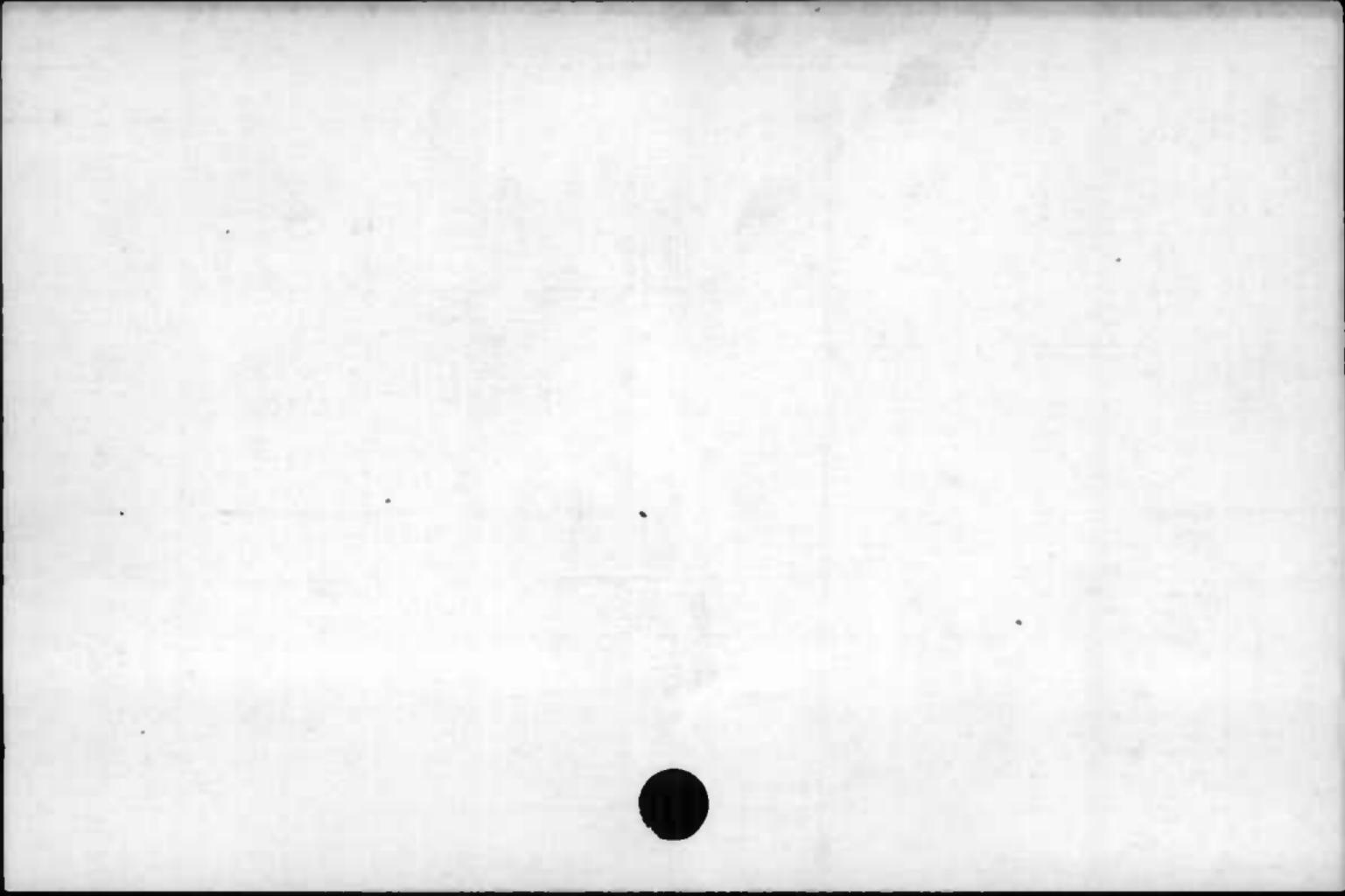
Signature of Physician

John Norfolk Morris, M.D.

Address

Springfield Hosp. Sykesville
Carroll Co. Maryland

Accident or Suicide?



Willard L. Folk
County
Near Alcia Canoe

MARYLAND

Died ~~at~~ Near Alcia Month Dec. Day 9 Y. 19 M. 2 D. 7 Native of America Occupation X X X
 Date 1906 Age 50 ~~Widow~~ ~~Divorced~~
 Male White Married
~~Female~~ Colored Single Widower Number of children living

Husband of
~~Wife~~

Father's Name

Cause of Death Primary Diabetes (50) How long sick About 2 years
 Immediate Senile Consumption Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birth-place -
Baltimore Co., Md.

Mother's birth-place -
Carroll Co., Md.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Barginda Fulmer

CERTIFICATE OF DEATH

Died at

Town

Melrose

County

Carroll

MARYLAND

2nd

Date
of death

1906

Month

Dec.

Day

11

Years

82

Months

9

Days

1

Age

Color or
Race

White

Birth-
place

Germany

Sex

Female

Occupation

House wife

Where Residing if not
at place of death

Melrose

Married
or Widowed

Name of ~~deceased~~
Husband

Criston Fulmer

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Connie Kitzinger

Granddaughter

CAUSES OF DEATH

Primary

Use of drugs

How long

Three months

Immediate

Paralyses

103

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

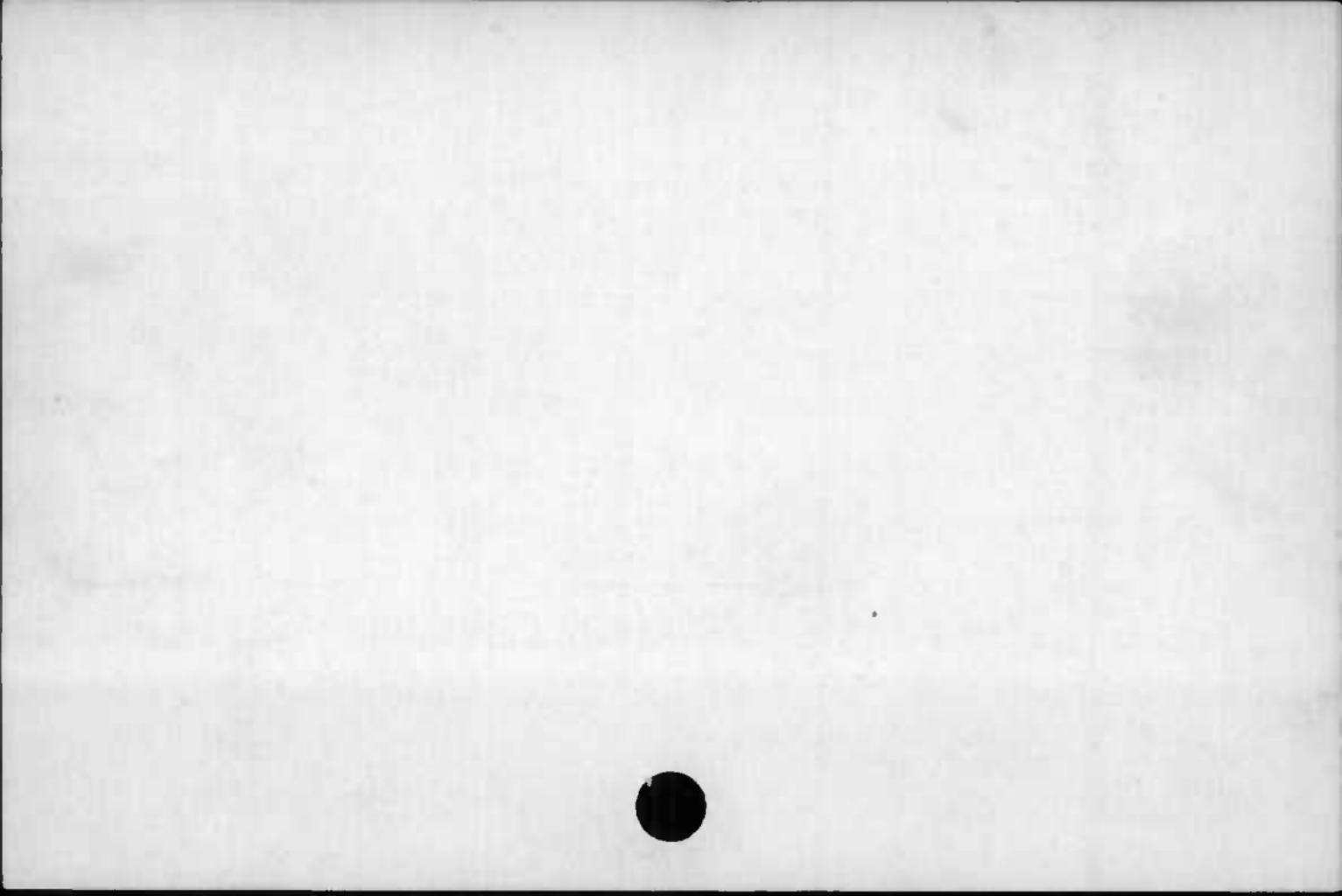
Signature of
Physician

Address

J. T. Preston MD
MacKesler
Mackesler
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Charles Edgar Gosnell JAN 13 1907 CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sandyville		Town	County Carroll		MARYLAND		
Date of death	1906	Month 12	Day 29	Age 22	Years	Months 2	Days 14
Sex	Male	Color or Race	White		Birth-place	Daniel, Md.	
Occupation	Laborer		Where Residing if not at place of death		Daniel, Md.		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Gassaway G. Gosnell			Father's Birthplace	Carroll Co., Md.		
Mother's Maiden Name	Susan R. Tanner (deceased)			Mother's Birthplace		
Name of person giving Information	Gassaway G. Gosnell			How related to deceased	Father,		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

(9)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

J. O. Hall & Son.
(Undertakers.)
Winfield, Md.

Accident or Suicide?

Ebenezer.

Name
in
Full

Miranda Grafty -

CERTIFICATE OF DEATH

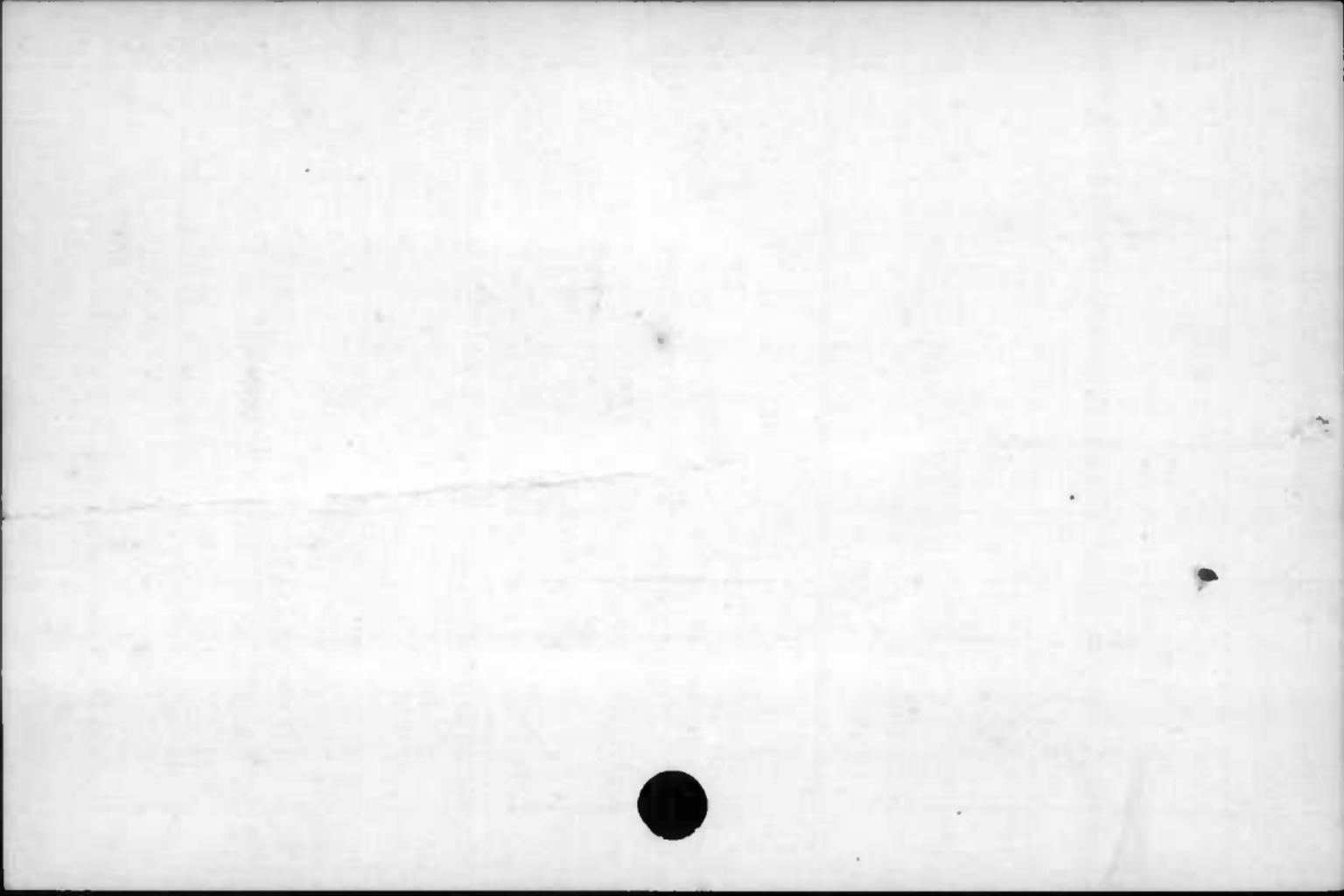
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
1906	Month	Day	Years	Months Days
Sex	Female	Color or Race	White	Birth-place Pa.
Occupation	Housekeeper.		Where Residing if not at place of death	-
Married, Single or Widowed	Name of Husband		Felix Grafty -	
Father's Name	Border		Father's Birthplace	Pa
Mother's Maiden Name	?		Mother's Birthplace	Pa.
Name of person giving information	Felix Grafty		How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Colitis	How long	about 2 mos.
Immediate	Malnutrition	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Norfolk Morris M. D.	
		Address	
		Springfield Hospital,	
		Lykensville, Carroll, Md.	
Accident or Suicide?		No.	



Name
in
Full

Misrood F. Harrison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Woodbine

County

Carroll

MARYLAND

Date
of death

Month

Day

1906 Dec. 9

Years

Age 79

Months

Days

Sex

Male.

Color or
Race

White.

Birth-
place

Maryland.

Occupation

Carpenter.

Where Residing If not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm. H. Harrison

Father's
Birthplace

Md.

Mother's
Maiden Name

Mylinda Fiftyjars

Mother's
Birthplace

Name of person giving
Information

W. H. Miles.

How related
to deceased

Son in law

CAUSES OF DEATH

Primary

Nephritis

20

How long

Several years.

Immediate

coma.

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Don't
know.

Signature of
Physician

Address

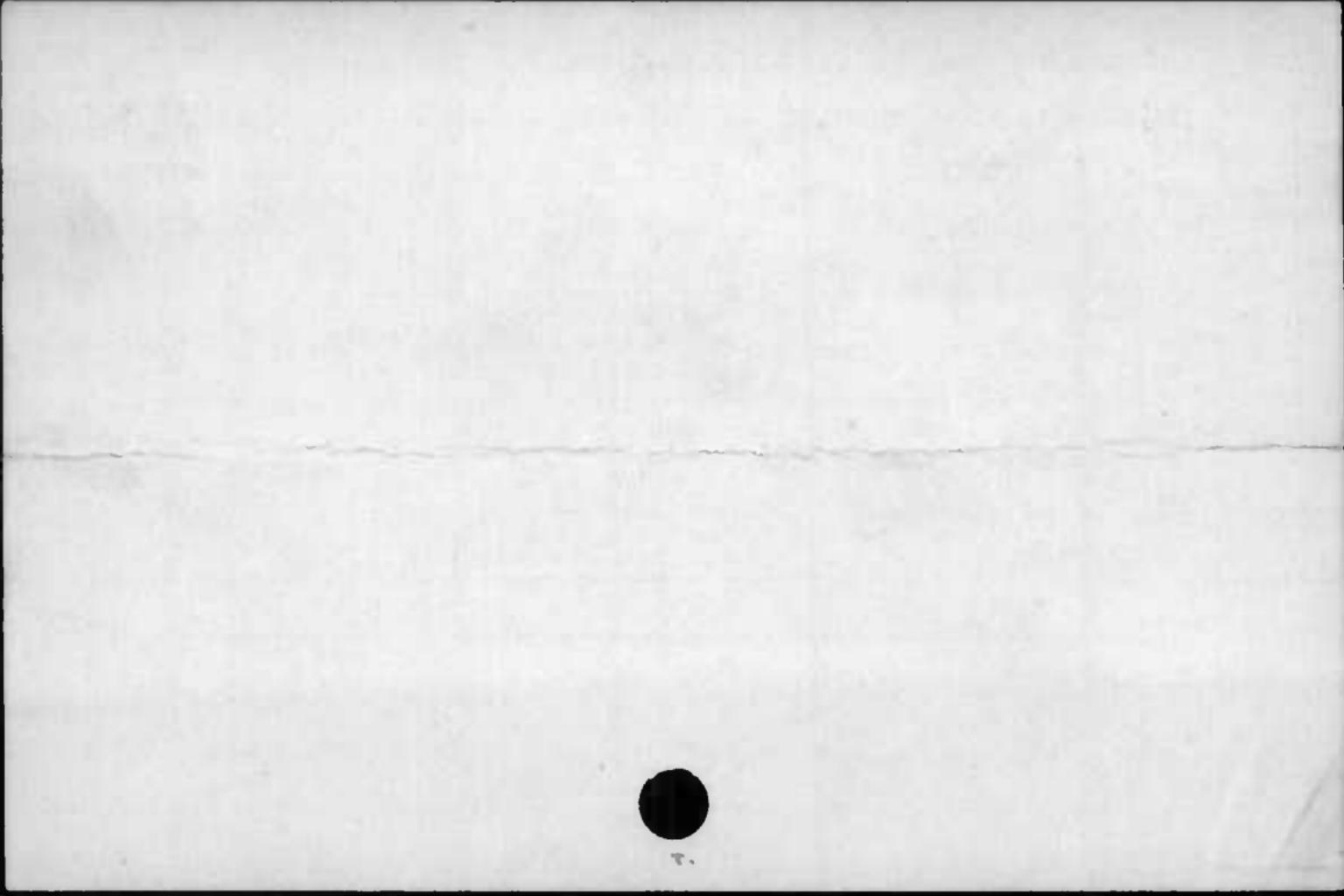
J. W. Lacey

Lister

MD.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Ezra de Hawk

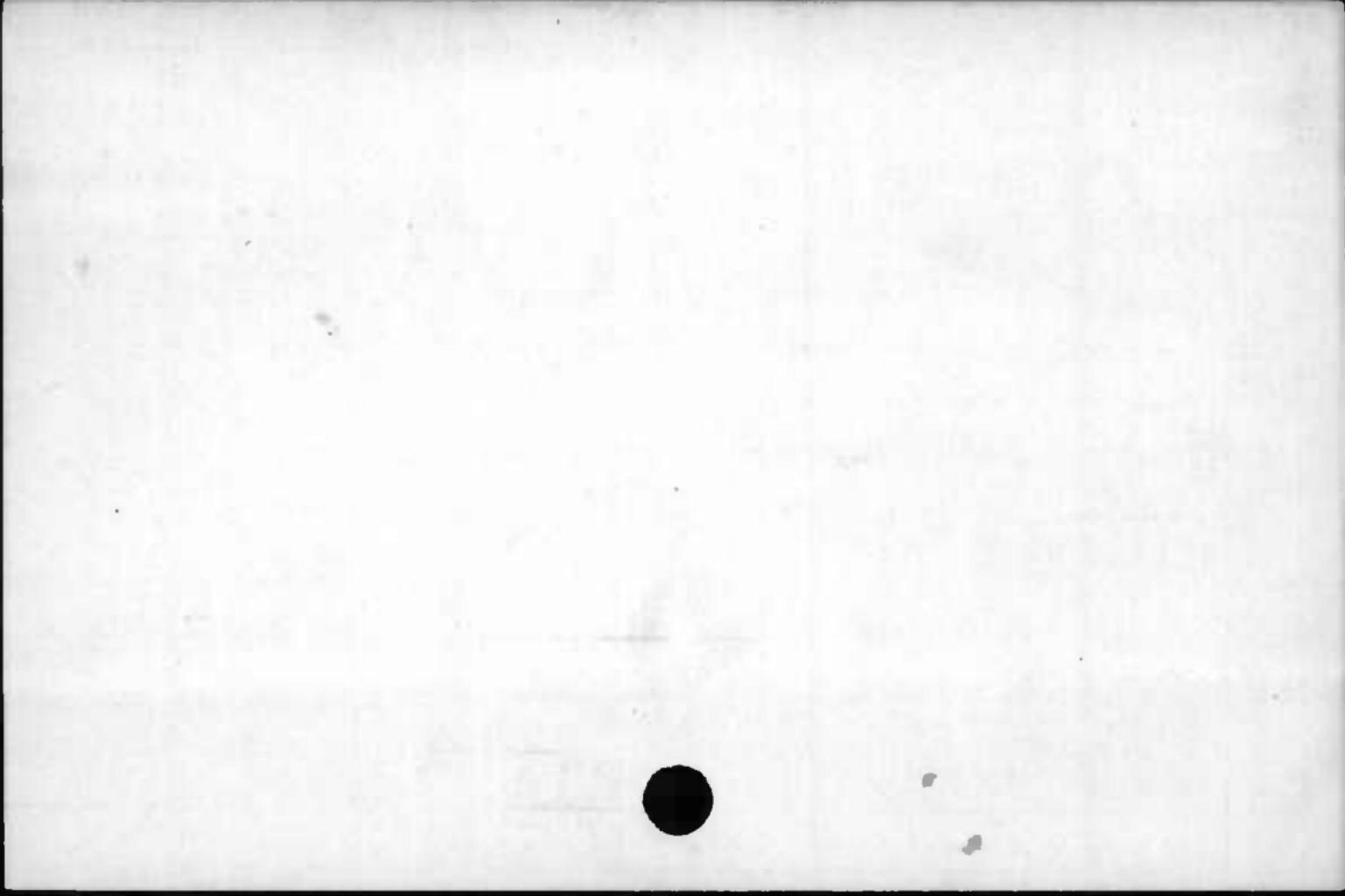
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	69	3 6
Occupation	Farmer		Where Residing if not at place of death	Near Town	
Married, Single or Widowed	Rebecca Hawk		Father's Birthplace	Md	
Father's Name	Peter Hawk		Mother's Birthplace	Md	
Mother's Maiden Name	Eliza Nahm		How related to deceased	Brother	
Name of person giving information	Ezra de Hawk				

CAUSES OF DEATH

Primary	Lobar Pneumonia		How long	7 days -
Immediate	Respiratory Failure		How long	10 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Chandor M. Bemner M.D.
			Address	Daneytown Md -
Accident or Suicide?				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Emanuel Hellebridge

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Age	Years
Sex	Male	Color or Race		
Occupation	Where Residing if not at place of death			
Married, <input checked="" type="checkbox"/> Widower <input type="checkbox"/>	Name of Wife or Husband			
Father's Name	John Hellebridge			
Mother's Maiden Name	Catherine Hember			
Name of person giving information	Elijah Hellebridge			
Father's Birthplace	Md			
Mother's Birthplace	Md			
How related to deceased	wife			

CAUSES OF DEATH

Primary

Albuminuria 18 mos

How long

Immediate

Diseased 6 mos

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Let Biuni
Tandy town

Accident or Suicide?



Name
in
Full

Mary Elizabeth to Loyne

109
CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Westminster</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1906 Dec</u>	Month <u>Dec</u>	Day <u>22</u>	Years <u>30</u>	Months <u>3</u>	Days <u>9</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Carroll Co Md</u>			
Occupation <u>House Keeper</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Howard Loyne</u>				
Father's Name <u>Edward</u>	Father's Birthplace <u>Carroll Co Md</u>				
Mother's Maiden Name <u>Mary Roseborger</u>	Mother's Birthplace				
Name of person giving information <u>Mary Roseborger</u>	How related to deceased <u>Mother.</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Placenta previa

How long

2 weeks

immediate

Hemorrhage

How long

About hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Goodman M.D.

W. Fisher, Md

Accident or Suicide?

Smallwood Cemetery

James Edward McCarthy					108
Westminster					CERTIFICATE OF DEATH
Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	Dec	20	Age	8	
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William J. McCarthy				
Mother's Maiden Name	Minnie C. Kelley				
Name of person giving information	William McCarthy				

CAUSES OF DEATH

Primary

How long

Immediate

Gangrene of Bowel

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. D. Wells

Address

146 Main St

Accident or Suicide?

St Johns

CERTIFICATE OF DEATH

Died at <u>Sykesville</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>27</u>	Age <u>—</u>	Months <u>2</u>	Days <u>8</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Sykesville, Md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Rev J. Tolly Marsh</u>	Father's Birthplace <u>Baltimore Co. Md</u>				
Mother's Maiden Name <u>Sarah E. Watt.</u>	Mother's Birthplace <u>Hartford Co. Md</u>				
Name of person giving Information <u>ms J. S. Marsh.</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary

Marasmus -

(51)

How long

since Birth

Immediate

Inanition, causing failure of Heart

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

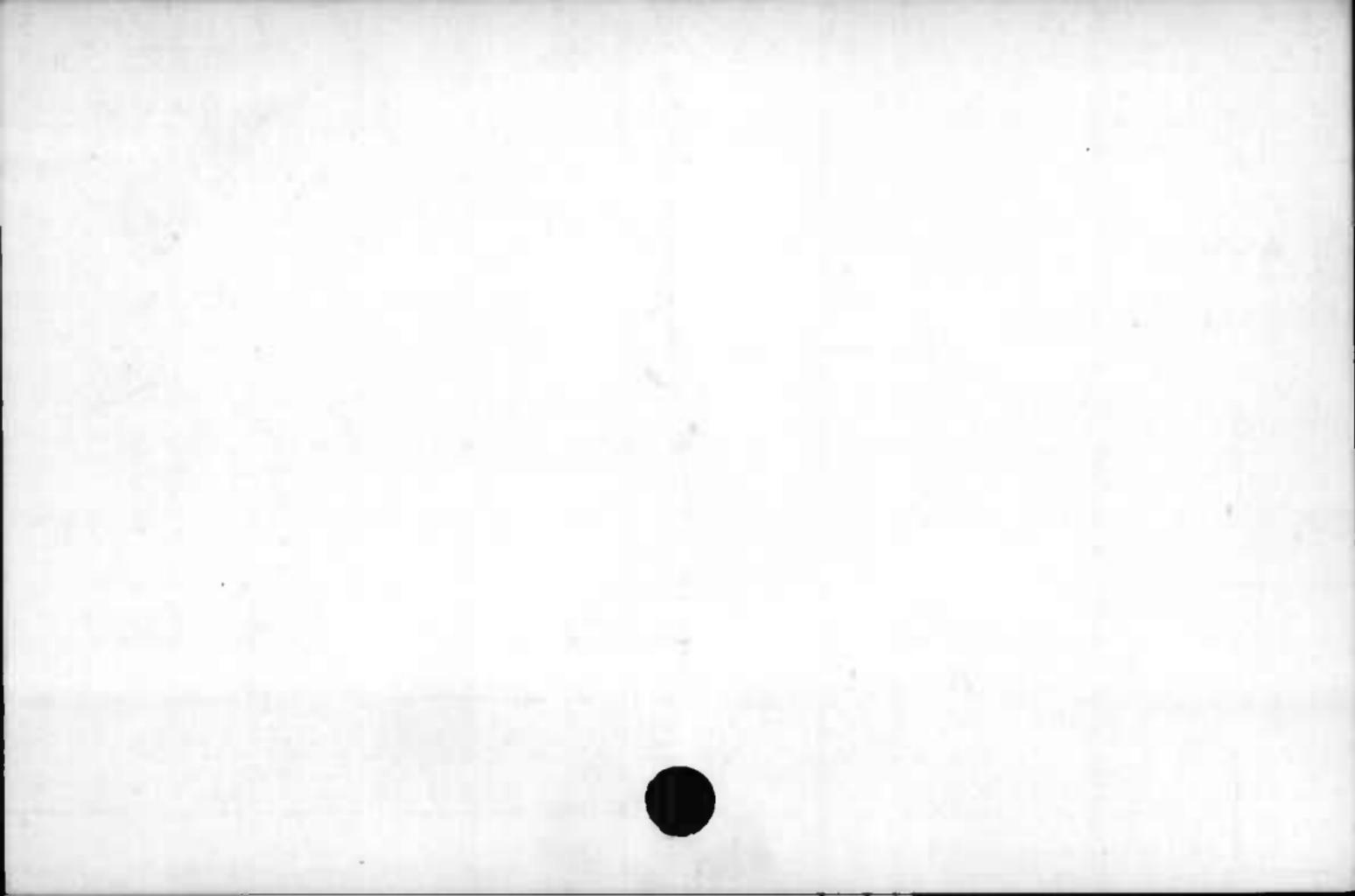
Signature of Physician

Daniel B. Sprecher.

Address

Sykesville
Md

Accident or Suicide?



Name
In
Full

Margaret Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Pa.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	William Marshall	Father's Birthplace	Ireland		
Mother's Maiden Name	Fannie Caldwell	Mother's Birthplace	Ireland.		
Name of person giving information	Charles Henry Marshall	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Colitis	10b	How long	about six weeks.	
Immediate	Inanition		How long	—	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John Norfolk Morris M.D.	
			Address	Springfield Hospital	
Accident or Suicide?		—	Sykesville, Carroll Co. Md.		



Name in Full

Certificate of Death

Samuel Kuebaum

152.

Town

County

Near Union Bridge Carroll

MARYLAND

Died at

1906

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

12 15

Age 58

and

Painter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of Bettie Kuebaum

Father's

Name

Jacob Kuebaum

Mother's

Name

Mary A. Kuebaum

Cause of

Primary

Gastric Enteritis

How long sick

6 months

Death

Immediate

Collapse

Accident, Suicide, Homicide

Reported by

Address

Union

James Watt, M.D.
Bridges 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's birth-place
Liberty, Freed Co.

Mother's birth-place
Liberty, Freed Co.

Emory S Pickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1906	Month Dec	Day 15	Years	Months	Days
Sex Male	Color or Race white	Birth-Place Daniel			
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed single	Name of Wife or Husband				
Father's Name Shriver Pickett	Father's Birthplace Daniel				
Mother's Maiden Name F. Elizabeth Haines	Mother's Birthplace Daniel				
Name of person giving Information	How related to deceased				
CAUSES OF DEATH					
Primary	Weak from Birth				
Immediate	Heart Failure				
Are the name, age, sex, color, date and place correctly given above?					

Primary

Weak from Birth

How long

six days

Immediate

Heart Failure

How long

one day

Are the name, age, sex, color, date and place correctly given above?

ys

Signature of
Physician

Address

Dr. M. Pickett M.D.
Woodbine
Md

Accident or Suicide?



Name
in
Full

William Robert Rodgers

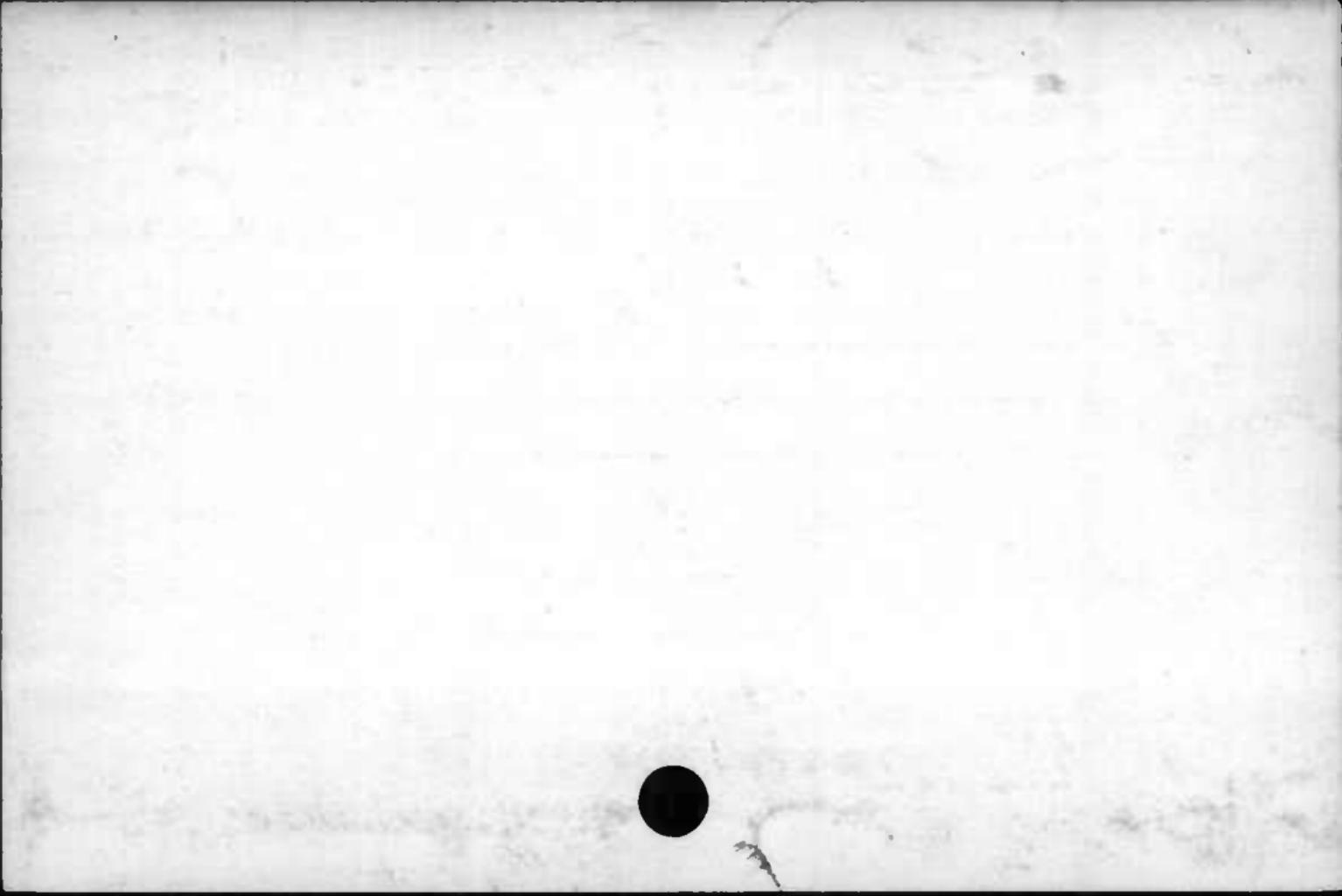
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Paneytown</u>		County <u>Carroll</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>30</u>	Age <u>—</u>	Months <u>—</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Paneytown</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>George Rodgers</u>	Father's Birthplace <u>Paneytown</u>				
Mother's Maiden Name <u>Alexina Clingan</u>	Mother's Birthplace <u>Paneytown</u>				
Name of person giving information <u>George Rodgers</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					

Primary <u>Inanition: Due to Premature Birth</u>	How long <u>14 days -</u>
Immediate <u>Inanition Spasms -</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chandos M. Bemis M.D.</u>
	Address <u>Paneytown</u>
Accident or Suicide? <u>—</u>	<u>Md -</u>



Name
in
Full

Elizabeth A. Roof

110

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Josiah Roof	
Father's Name	Nicholas Shaffer		
Mother's Maiden Name	Elizabeth Fisher		
Name of person giving Information	Sallie A. Roof		

CAUSES OF DEATH

Primary

Old age

How long

40 years

Immediate

Shock broken leg

16

How long

"

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

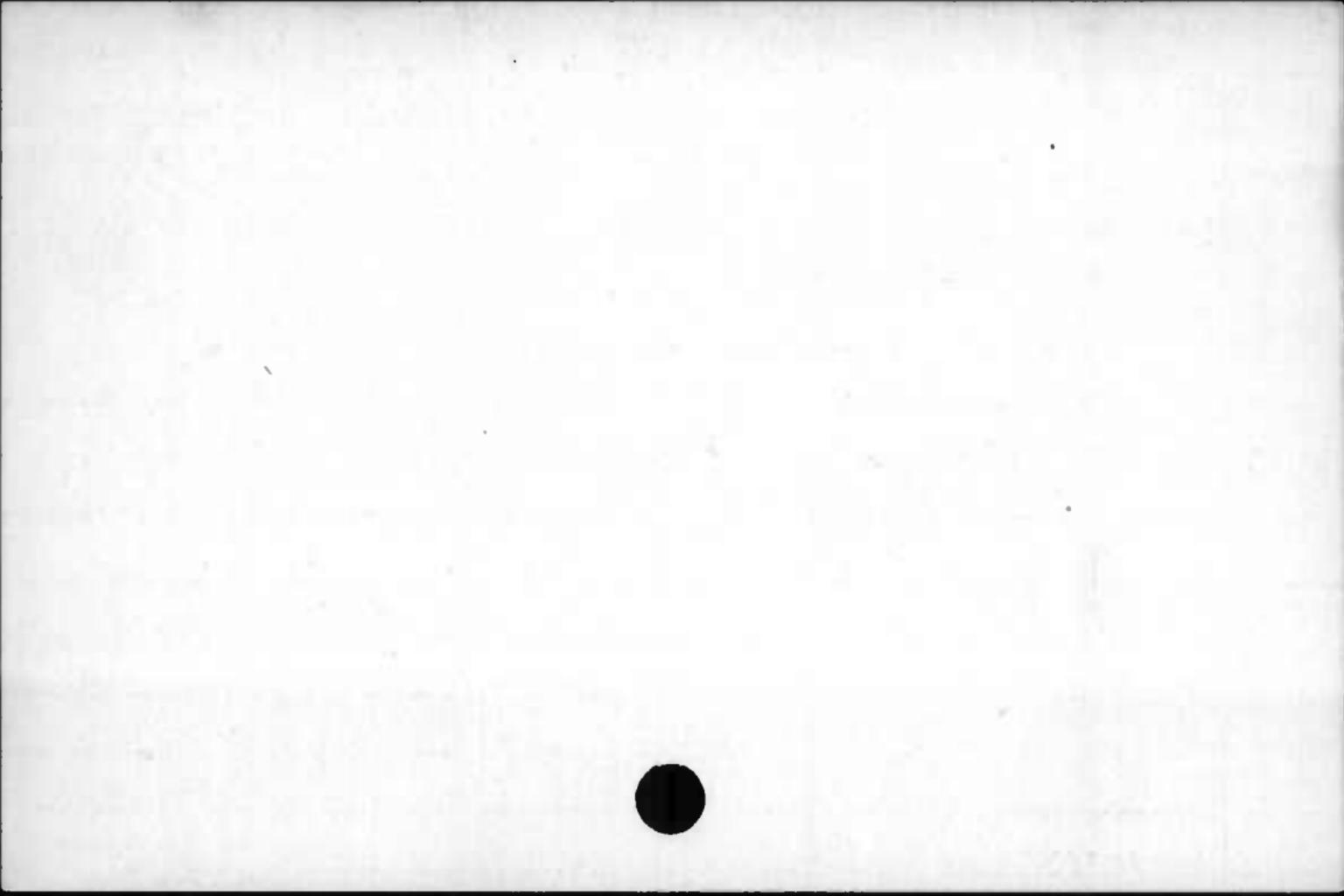
Yes

Signature of Physician

Address

Jas. H. Phillips Esq
Westminster, Md.

Accident or Suicide?



Name
in
Full

John Herbert Rook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Windsor</u>		Town <u>New Windsor</u> County <u>Barcroft</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>19</u>	Age <u>18</u>	Years <u>1</u>	Months <u>7</u> Days <u>23-</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>	
Occupation <u>Clerk in store</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				
Father's Name <u>John H Rook</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Verma Nichols</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Preston B. Rook</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Bright's Disease

How long

10 months

Immediate

Cough

How long

very slow
but knew him

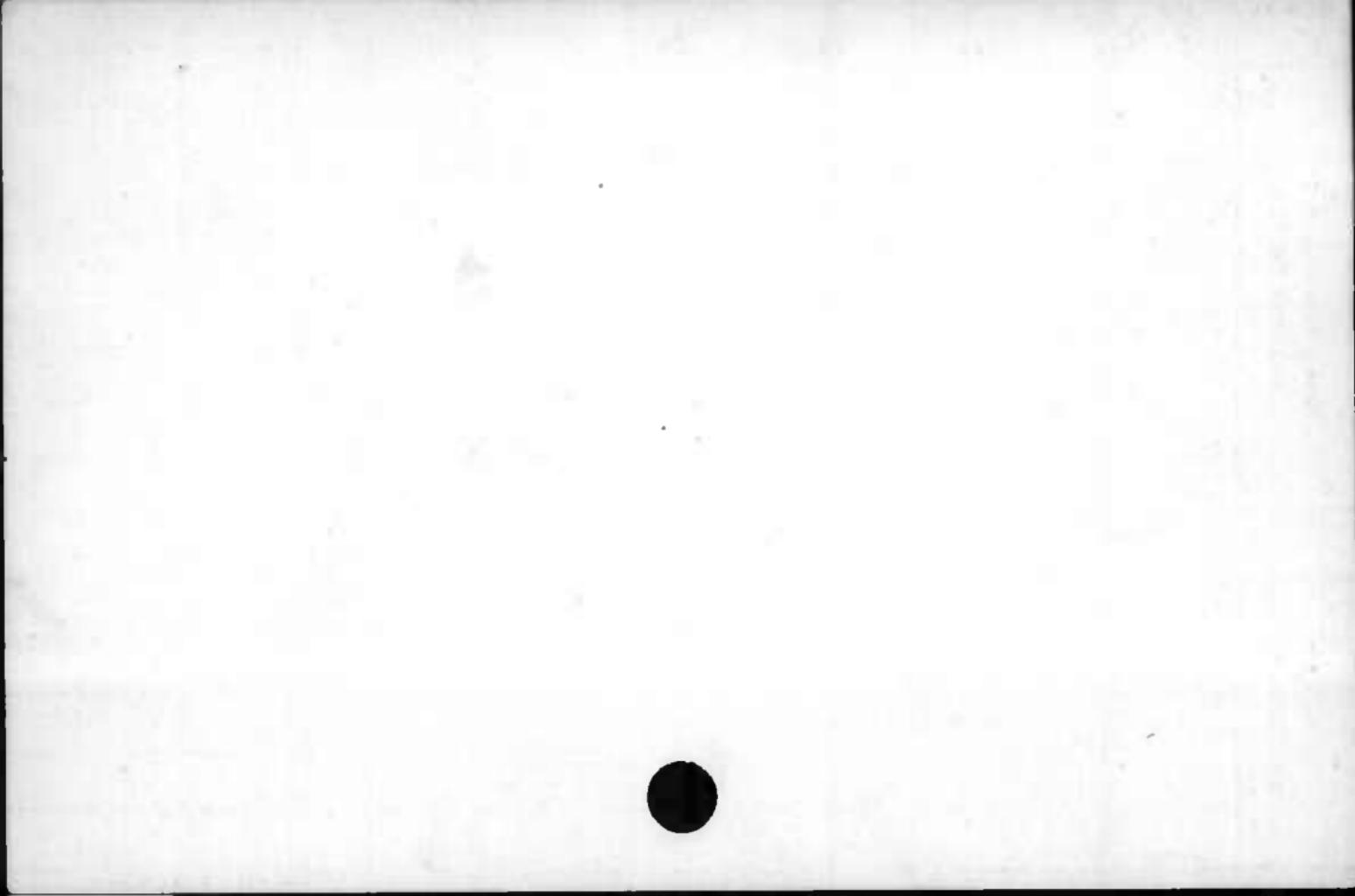
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Eliza Brown
New Windsor Md

Accident or Suicide?



Name
in
Full

William Henry Harrison Saylor

CERTIFICATE OF DEATH

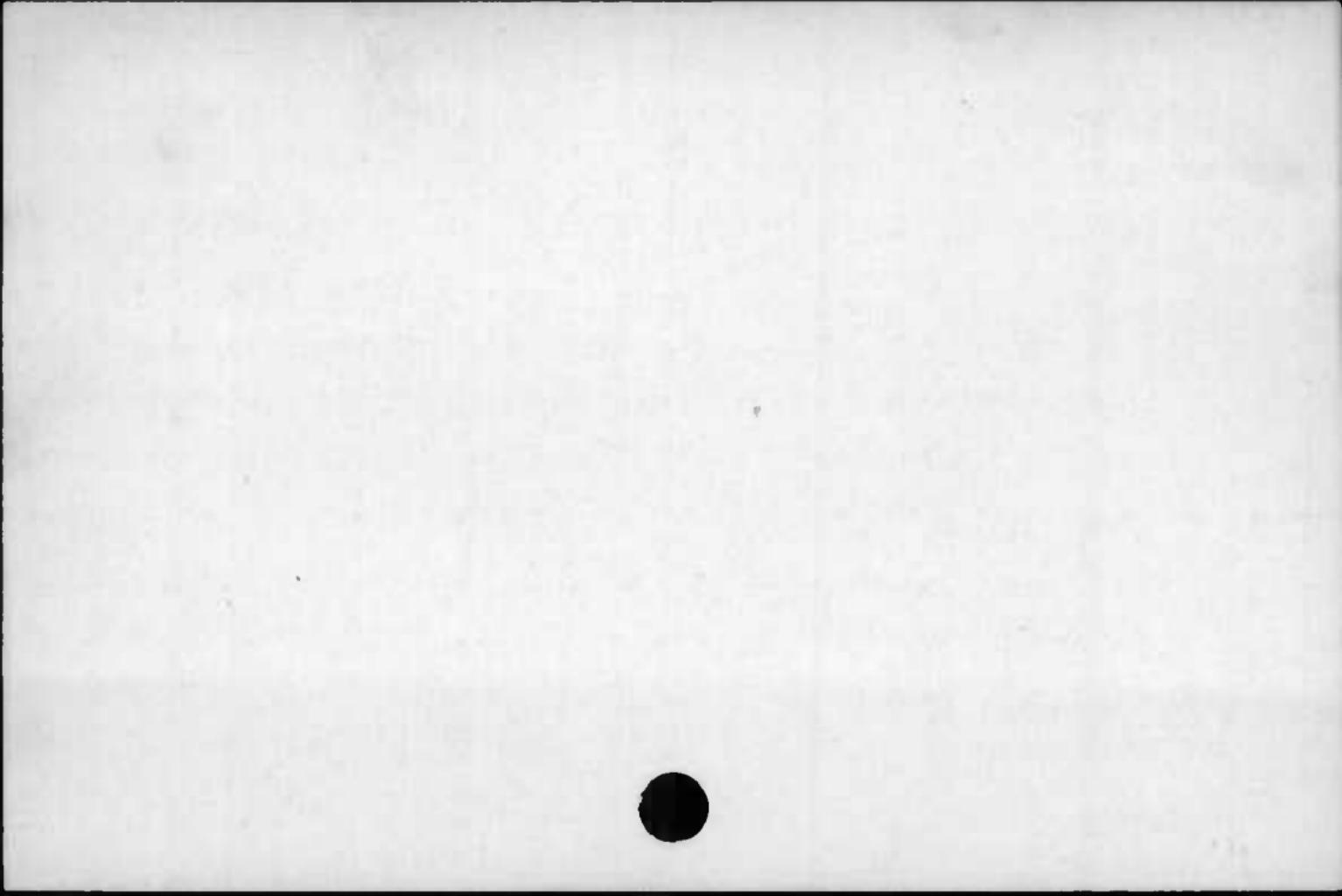
To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died at Detour	Carroll				
Date of death 1906	Month Dec.	Day 5	Years 66	Months 9	Days 15
Sex Male	Color or Race white	Birth-place Johnson, Md.			
Occupation Retired	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Jacob Saylor	Father's Birthplace Johnson, Md.				
Mother's Maiden Name Susan Renner	Mother's Birthplace Frey Co., Md.				
Name of person giving information Amari. Diller	How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long 18 hours
Immediate		How long —
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	D. S. Diller Detour, Md.	



Name
in
Full

Ida Virginia Schaeffer

10105

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	White	Birth- place	Greenmount	
Occupation	Where Residing if not at place of death		Dear Westminster		
Married, Single or Widowed	Name of Wife or Husband	Ida Virginia Schaeffer		Manchester	
Father's Name	Samuel Schaeffer		Mother's Birthplace		Greenmount
Mother's Maiden Name	Mary Ellen Kilbaugh		How related to deceased		
Name of person giving Information	John T. Kilbaugh				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Appendicitis

18

How long

3 days

Immediate

Peritonitis Gangrene of bowels

How long

5 day

Are the name, age, sex, color, date
and place correctly given above?

yc

Signature of
Physician

Address

Charles R. Foutz
Westminster
Md.

Accident or Suicide?

Jacob Wink Modestator
Greenmount Cemetery

Name
in
Full

Dame Bell Snader

CERTIFICATE OF DEATH

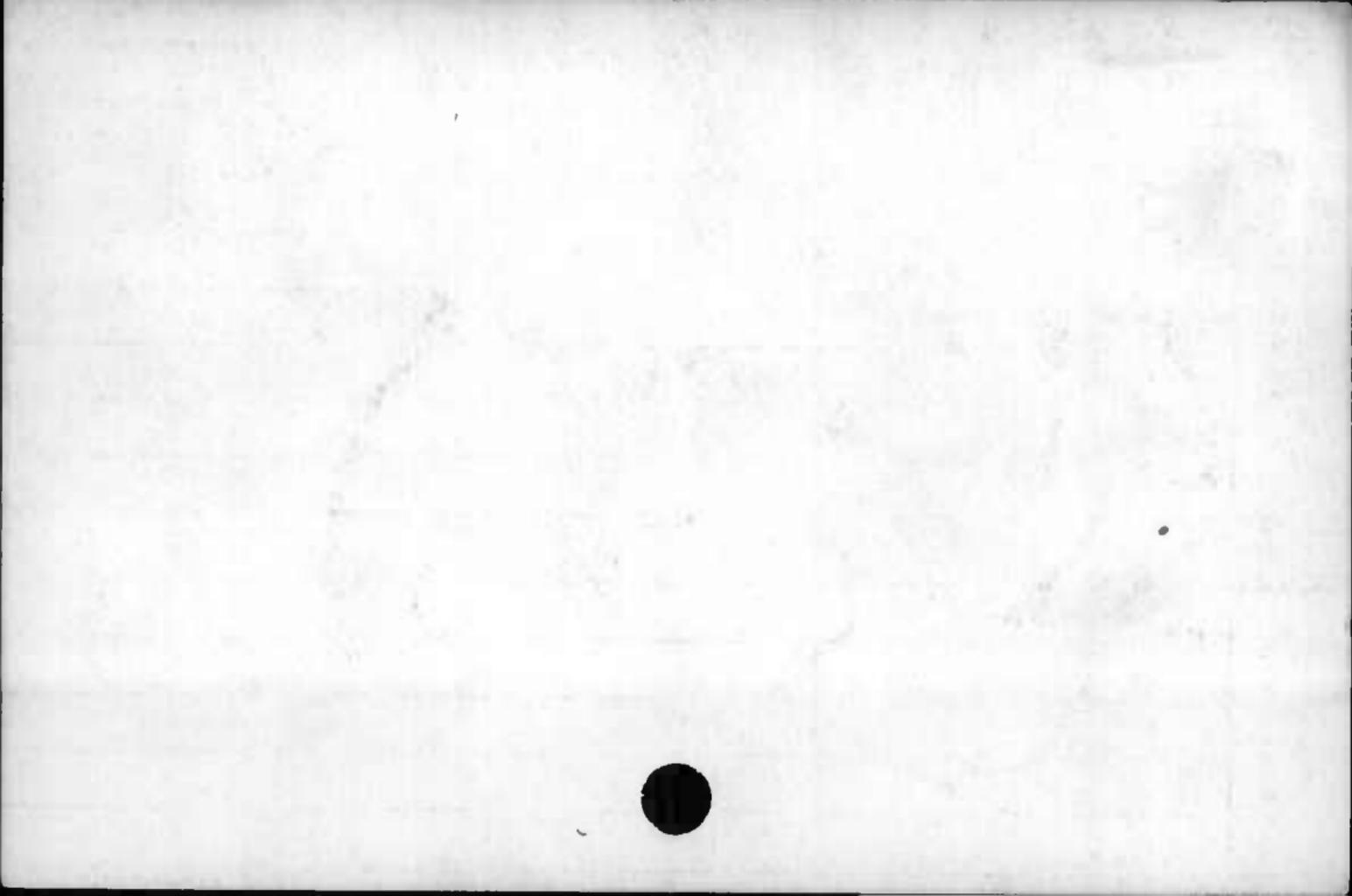
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Centintown</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>15</u>	Age <u>34</u>	Years	Months <u>11</u> Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>W</u>	Birth-place <u>Md</u>			
Occupation <u>Housewife</u>	Where Residing If not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Walter G. Snader</u>				
Father's Name <u>Frank J. Rock</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Hannahetta Ocker</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Walter G. Snader</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary <u>Anemia</u>	54	How long <u>one year</u>
Immediate <u>Unknown - Possibly paralytic stroke</u>		How long <u>A few minutes</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>G H Brown</u>	
	Address <u>New Windsor Md</u>	
Accident or Suicide?		

PHYSICIAN
OR CORONER



Marie Eliza Ann Talbott (Talbot)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>Mar 1906</u>		Town <u>Eldersbury</u>	County <u>Carroll</u>		MARYLAND	
Date of death	Month <u>Dec</u>	Day <u>15</u>	Age <u>85</u>	Years	Months <u>11</u>	Days <u>16</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>				
Occupation <u>None</u>	Where Residing If not at place of death <u>Same</u>					
Married Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Louis Talbot</u>					
Father's Name <u>Sam. Jordan</u>	Father's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Nancy Garsaway</u>	Mother's Birthplace <u>Md.</u>					
Name of person giving Information <u>Wm. Talbot</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

15K

How long

-

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

MD Morris

Eldersbury

Md.

Accident or Suicide?



Joshua Wagner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death	Month 1906 Dec	Day 1st	Years Age 34	Months	Days
Sex male	Color or Race White	Birth- place Md			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband George Wagner				
Father's Name George Wagner	Father's Birthplace Maryland				
Mother's Maiden Name Amelia Zaffler	Mother's Birthplace Maryland				
Name of person giving Information Hospital records	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epileptic dementia	How long 19
Immediate	Org heart disease	How long 2

Are the name, age, sex, color, date
and place correctly given above?

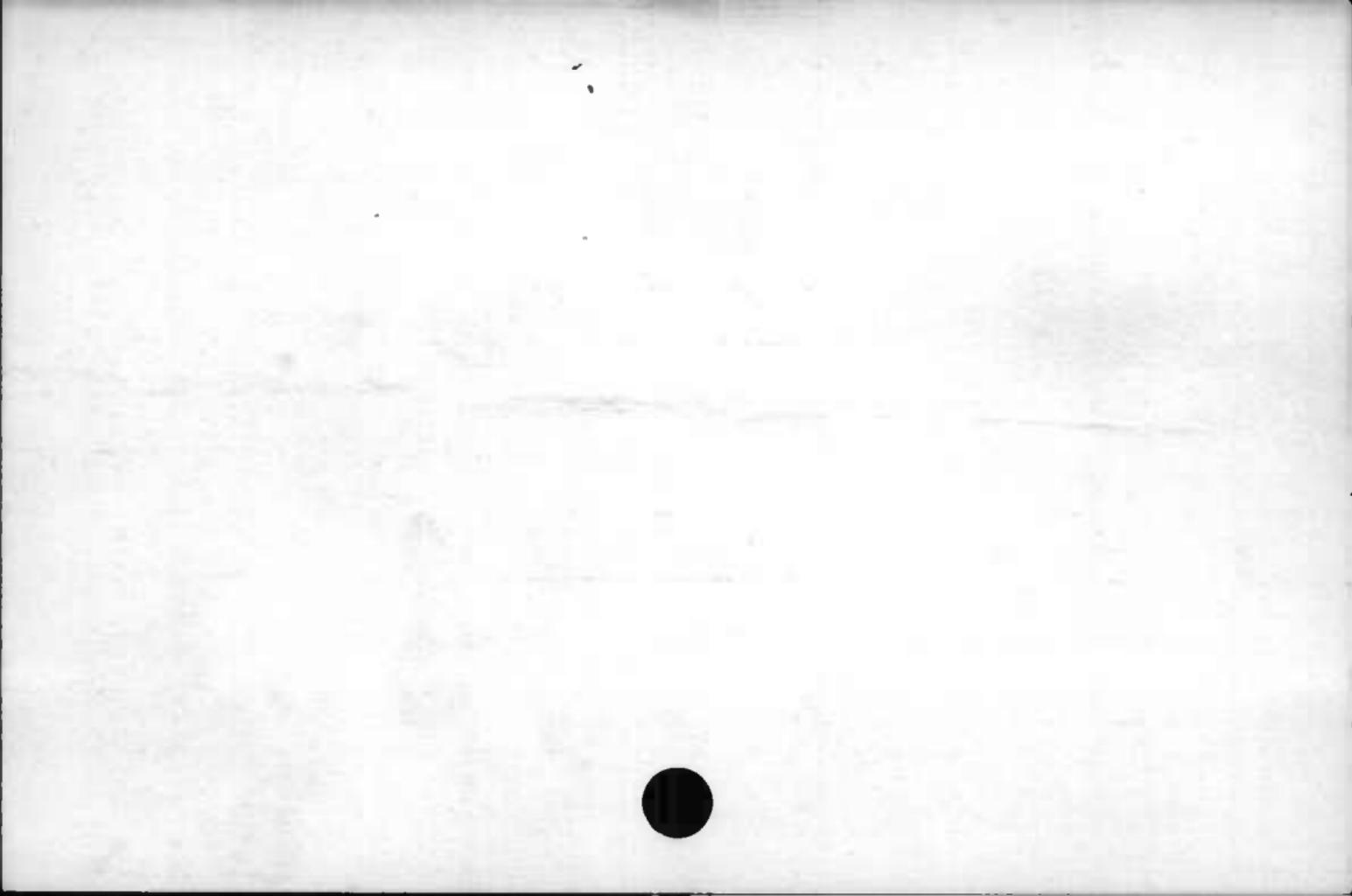
Yes

Signature of
Physician

Address

Chas. J. Leary
Lykensville Md

Accident or Suicide?



Lydia Meutz - (Wanty)

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Home	
Married, Single or Widowed	Name of Wife or Husband	Philadelphia Wanty			
Father's Name	Louis Kow			Father's Birthplace	"
Mother's Maiden Name				Mother's Birthplace	"
Name of person giving information	George Meutz			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

4 weeks

Immediate

Emphysema

How long

48 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Elias R. Fouz

Address

Washington

Accident or Suicide?

St Benet's Cemetery
Stones

Name
in
Full

Infant of Mr & Mrs Minrod Wisner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband	—			—
Father's Name	Minrod Wisner			Father's Birthplace	
Mother's Maiden Name	—			Mother's Birthplace	
Name of person giving information	—			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

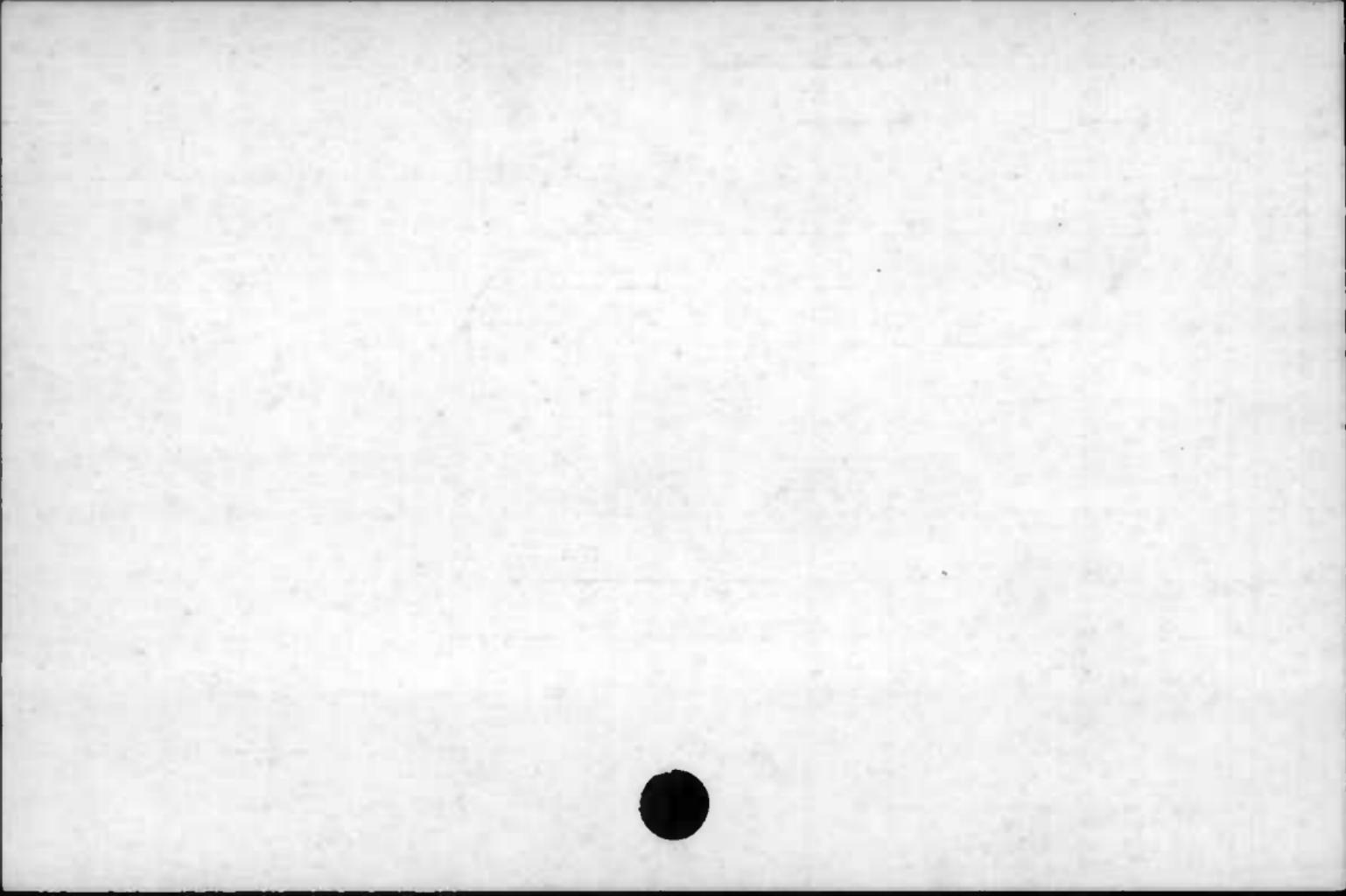
Signature of Physician

R. C. Wells M.D.

Address
Hampton
Md

Yes

Accident or Suicide? —



Harry L. Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at <i>Woodbine</i>		County <i>Carroll</i>			
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>4</i>	Years <i>20</i>	Months <i>2</i>	Days <i>9</i>

Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Woodbine</i>
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Occupation <i>labor</i>	Where Residing if not at place of death <i>Woodbine</i>
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Married, Single or Widowed	Name of Wife or Husband
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Father's Name <i>William Wolf</i>	Father's Birthplace <i>Minneapolis Red Co Minn</i>
-----------------------------------	--

Mother's Maiden Name <i>Sidie L Franklin</i>	Mother's Birthplace <i>Woodbine Md</i>
--	--

Name of person giving information <i>William Wolf</i>	How related to deceased <i>Father</i>
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CAUSES OF DEATH

Primary <i>Arthritis of knee joint</i>	How long <i>about a year</i>
--	------------------------------

Immediate <i>Tuberculosis: Meningitis</i>	How long <i>three days</i>
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Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

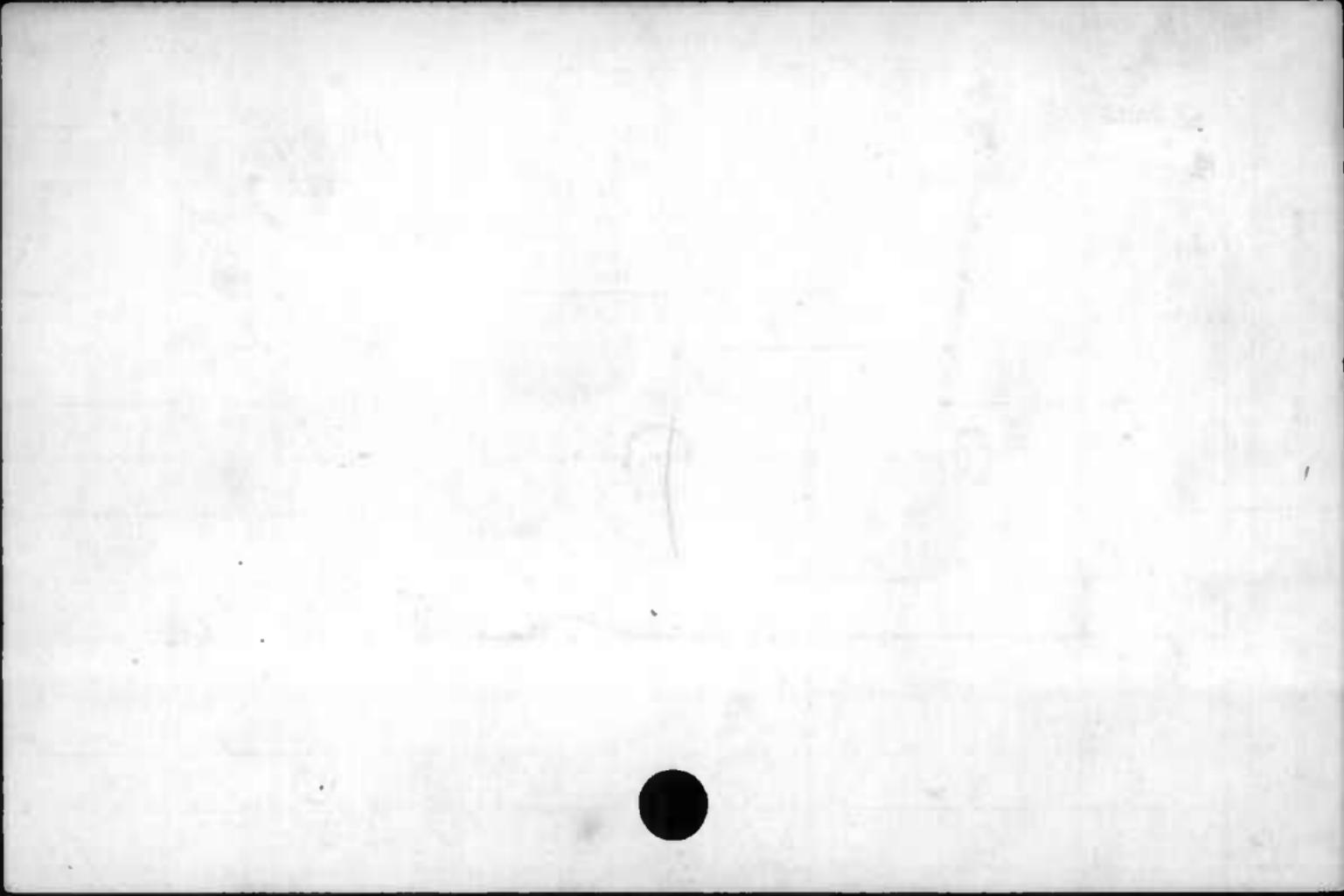
A. J. Cronk

Address

Mt. airy. Md.

Accident or Suicide?

Yes.



Name
in
Full

Howard Zepp

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Myers District</u>		Town		County <u>Carroll</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>18th</u>	Age <u>1</u>	Years <u>1</u>	Months <u>5</u>	Days <u>21</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Occupation		Where Residing if not at place of death <u>Maryland</u>			
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>	Father's Name <u>Lewis Daniel Zepp</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Jane Fuhman</u>	Name of person giving information <u>Lewis Daniel Zepp</u>	Mother's Birthplace <u>Maryland</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

1 day

Immediate

"

How long

10

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

John S. Giesybo M.D.
Melrose
Md.

Accident or Suicide?

